



State Approving Agency for Veterans Education
 700 Foothill Blvd
 Salt Lake City, UT 84108
 Phone (801) 584-1973 Fax (801) 584-1964

Date: _____
Catalog Vol: _____

Application for Continued Approval of an IHL/NCD

Please complete this application fully, including the date and volume of the catalog you are submitting. We cannot process incomplete applications; they will be returned. Once completed, submit the signed application along with 2 certified copies of the institution's current catalog to Berni Davis at the above address. In addition to the catalog, if program or policy information is contained in any other source, such as enrollment agreements or student handbooks, send two copies of each additional item.

Part I: Institution Information

Complete this section completely. Identify any changes in institutional status or policies.

Name of Institution:		
Physical Address:		
Mailing Address (if different from above):		
Primary Certifying Official:		Have certifying officials changed? Y N
Phone Number:	Fax Number:	
Email Address:	Website:	
Additional Certifying Officials and email addresses:		

Is the Institution Accredited:	Yes	No	By whom:
Has the accreditation status changed since the last approval?	Yes	No	If yes, how:
Is the institution: (Check all that apply)	Public	Private	Profit Non Profit

Since the last approval:

Has the institution experienced a change in ownership or name since the last approval?	Yes	No	If yes complete SAA Form 4251
Has the institution changed its address?	Yes	No	If yes complete SAA Form 4251
Has the tuition changed?	Yes	No	New rate?
Where is it in the catalog?			
Have any institutional policies changed? If yes, list what policies have changed and where the new information can be found in the catalog by page number:			Yes No

Part II: Program Information

We must know which programs you would like approved and we must know what programs have changed since the last approval. Use your latest WEAMS (VA Form 22-1998) or SAA approval letter to show this information. Write on the document to clearly show any program name changes, hour changes, note programs that are no longer offered and list any new programs. Use this chart if your institution offers 10 programs or less.

List the programs that you would like approved			
Program:	Page	Clock Hours (NCD only)	Degree or Objective

Part III: Modes of Instruction

Each of these methods of education requires specific approval and certification. If the institution offers any of these modes and you do NOT request and receive approval, the Veteran cannot be certified or paid for those courses. Signature must accompany the request for each section.

Institution requests approval for the following modes of instruction (mark Yes or No)

Independent Study		Definition:	This Institution Certifies That:		
Do you want approval for Independent Study/ Distance Education (Online Courses)		Independent study consists of a prescribed program of study with regular interaction between the student and faculty. The interaction may be in person or through use of technology, including mail, telephone, video conferencing, computer technology (to include E mail), and other means. This includes Online classes.	These courses are: part of the approved curriculum of the school; offered without any regularly scheduled conventional classroom or lab sessions; measured in the same units and graded in a similar system as other courses; not cooperative courses or correspondence courses; and meet requirements for graduation. (38 CFR 21.4267 (a))		
Yes	No				
Sign Here:					
If online classes are offered, how are they designated on a class schedule and transcript?					

Practical Training		Definition:	This Institution Certifies That:
Do you want approval for Practical Training?		Off-campus job experience included in a program of study and described in such terms as internship, practicum, or externship. Including clinical hours and medical or dental residencies. (38 CFR 21.4265 (f))	The practicum's are: a part of the approved curriculum of the school with a unit subject description; directly supervised by the school with an assigned instructor; measured in the same units as other courses; institutional in nature as distinguished from training on-the-job; and meet requirements for graduation.
Yes	No		
Sign Here:			

Cooperative		Definition:	This Institution Certifies That:
Do you want approval for Cooperative Education?		A full time program of education consisting of phases of school instruction alternating with training in business or industrial establishment with such training being strictly supplemental to the school instruction. (38 CFR 21.4233 (a)) Alternating periods may be a part day in school and a part day on the job or may alternate on a daily, weekly, monthly or term basis.	The course is necessary for completing part of the work required for granting a degree or diploma; the alternate in-school periods of the course are at least as long as the alternate periods in the business or industrial establishment. The institution contracts with the establishment providing the cooperative portion of training to ensure that this portion will be training in a real and substantial sense and will supplement the in-school portion of the course; arranges directly with the establishment for placing the individual student in that establishment; exercises supervision and control over the student's attendance and activities at the establishment; and grants credit for the cooperative portion.
Yes	No		
Sign Here:			

Off Campus Teaching Sites	Yes	No	List all Off Campus Sites by name and address:

Remedial Training	Yes	No	List all remedial courses by course number and title
Course # and Title			Credit Hours Catalog Page

Part IV- Catalog Review

The following information must be included with the approval request packet, either included in the catalog or as an attachment to it. We cannot finalize the approval until all of this information has been reviewed to meet the 38 Code of Federal Regulations.

Item	Catalog Page
<input type="checkbox"/> Academic Calendar	
<input type="checkbox"/> Tuition Rates and Fee Chart	
<input type="checkbox"/> Prior Credit Policy	
<input type="checkbox"/> Standards of Progress and Grading System	
<input type="checkbox"/> Student Conduct Policy	
<input type="checkbox"/> Attendance Standards (if applicable)	
<input type="checkbox"/> Graduation Requirements	
<input type="checkbox"/> Program Outline including a break down by courses or clock hours- the hours <i>MUST</i> add up	
<input type="checkbox"/> Effective Date of Catalog and supplemental documentation	
<input type="checkbox"/> True and Correct Statement	
<input type="checkbox"/> Refund Policy	
<input type="checkbox"/> List of Instructors with their qualifications	
<input type="checkbox"/> Description of Facilities and Equipment	
<input type="checkbox"/> Enrollment Agreement and Student Handbook (If Applicable)	

By signing this application, I certify that:

- The information contained in this application and attachment(s), catalog or bulletin, student handbook, supplements, addenda and the supporting approval material is true and correct in content and policy as required by 38 Code of Federal Regulations 21.4253 (accredited) or 21.4254 (non accredited).*
- The educational institution keeps adequate records, as prescribed by the State Approving Agency, to show the progress and grades of the eligible person or veteran and to show that satisfactory standards relating to progress and conduct are enforced.*
- The school will make available to the authorized government representative records and accounts pertaining to veterans or eligible persons who received educational assistance. Also that the institution will retain these records for no less than three years from the student's graduation or termination date.*
- The institution maintains a written record of the previous education and training of the eligible person or veteran that clearly indicates that appropriate credit has been given by the educational institution for previous education and training, with the training period shortened proportionately.*
- The programs, curriculum, and instruction are consistent in quality, content, and length with similar programs in other public or private schools in the state, with recognized standards.*
- The school has adequate space, equipment, facilities, instructional materials, and instructor personnel to provide training of good quality.*
- This institution does not use erroneous, deceptive, or misleading practices nor does it advertise "VA" or "School" approval.*

Printed Name and Title of authorized Institutional Representative

Signature

Date

NOTE: Please affix one of these labels, signed and dated, to each of the two (2) catalogs and any additional publications submitted with your approval request letter.

I certify that this catalog is true and accurate in content and policy.

Signature _____ Date _____

I certify that this catalog is true and accurate in content and policy.

Signature _____ Date _____

I certify that this catalog is true and accurate in content and policy.

Signature _____ Date _____

I certify that this catalog is true and accurate in content and policy.

Signature _____ Date _____

I certify that this catalog is true and accurate in content and policy.

Signature _____ Date _____

I certify that this catalog is true and accurate in content and policy.

Signature _____ **Date** _____

I certify that this catalog is true and accurate in content and policy.

Signature _____ Date _____

I certify that this catalog is true and accurate in content and policy.

Signature _____ Date _____

I certify that this catalog is true and accurate in content and policy.

Signature _____ Date _____

I certify that this catalog is true and accurate in content and policy.

Signature

Date

I certify that this catalog is true and accurate in content and policy.

Signature _____ Date _____

I certify that this catalog is true and accurate in content and policy.

Signature _____ Date _____

I certify that this catalog is true and accurate in content and policy.

Signature _____ Date _____

I certify that this catalog is true and accurate in content and policy.

Signature _____ Date _____

[Type text]